

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			M M / D D / Y Y Y Y Y Y		
Full Name of Payee MVAR Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 1421 Prince St Ste 320			Amount 753.75		
City Alexandria		State VA	Zip Code 22314-2805		
Purpose of Expenditure Digital Media Production		Category/ Type 004	Transaction ID : 500017185 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
10906139.30					
Full Name of Payee MVAR Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 1421 Prince St Ste 320			Amount 371.25		
City Alexandria		State VA	Zip Code 22314-2805		
Purpose of Expenditure Digital Media Production		Category/ Type 004	Transaction ID : 500017186 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
10906139.30					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Robinson, Denelle, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Three Point Media, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 290 Broadway Ste 120			Amount 148.50		
City Methuen		State MA	Zip Code 01844-6827		Transaction ID : 500017187
Purpose of Expenditure Digital Production		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2024	
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought			10906139.30 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Three Point Media, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 290 Broadway Ste 120			Amount 301.50		
City Methuen		State MA	Zip Code 01844-6827		Transaction ID : 500017188
Purpose of Expenditure Digital Production		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: 00
Calendar Year-To-Date Per Election for Office Sought			10906139.30 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			450.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			1575.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Robinson, Denelle, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2024		